

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
RESIDENTIAL CONTRACTOR DIVISION
237 Coliseum Drive
Macon, GA 31217
Phone: 478-207-2440
Fax: 478-314-5805
www.sos.state.ga.us/plb/contractors

REINSTATEMENT APPLICATION FOR RESIDENTIAL BASIC CONTRACTOR

GENERAL INFORMATION

THE APPLICATION AND REQUIRED FEE SHOULD BE MAILED TO THE ADDRESS SHOWN ABOVE. ALL SUPPORTING DOCUMENTS SHOULD BE ATTACHED TO AND SUBMITTED WITH THE APPLICATION. **The application must be completed in ink** TO CHECK YOUR LICENSE APPLICATION STATUS ONLINE, PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION WHERE REQUESTED. ACKNOWLEDGMENT OF RECEIPT OF YOUR APPLICATION AND OTHER CORRESPONDENCE FROM THE BOARD WILL BE SENT BY EMAIL. YOUR EMAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's website: www.sos.state.ga.us/plb/contractors. You are responsible for knowing the laws and rules for your profession.

KEEP A COPY OF YOUR APPLICATION MATERIALS. All original materials will be maintained by our office and not returned to you.

FOR BOARD USE ONLY

Amount Submitted \$ _____

Date/Initials _____

Receipt # _____



FOR BOARD USE ONLY

License # _____

Date Issued _____

Applicant # _____

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REINSTATEMENT APPLICATION FOR RESIDENTIAL BASIC CONTRACTOR

\$100.00 Non-refundable application fee

\$200.00 Non-refundable reinstatement fee

Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. §16-9-20

**** This application MUST BE completed in ink****

Part 1- APPLICANT INFORMATION:

1. Name: _____
Last First Middle Maiden

2. Mailing Address: _____
(Street) (Apt#) (City/State/Zip Code)

If your mailing address is a P. O. Box, you must also provide a physical address:

(Street) (Apt #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license number are public information.

3. Telephone #: () _____ **Other #:** () _____ **Email:** _____

4. Social Security Number*: _____ - _____ - _____ **5. Date of Birth** _____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

6. _____ I am a U.S. citizen

_____ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. (Please submit supporting documents)

7. Lapsed License number: _____ **Date Expired:** _____

If the Lapsed License is for a Qualifying Agent, please list company name:

_____ **Company license number:** _____

Part 2: Financial Responsibility (To be answered by the applicant – *if applying as an individual in his or her own behalf, answer for the individual – if applying as a qualifying agent for a business organization, answer for the business organization*)

1. Do your total assets (what is owned) exceed total liabilities (what is owed)?
☐ Yes ☐ No
2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?
☐ Yes ☐ No
3. Have you paid all judgments, taxes, student loans or child support payments as required by law? ☐ Yes ☐ No
4. Have you as an individual or has any business entity with which you have been involved ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?
☐ Yes ☐ No

If you answered “No” to question 1, 2, or 3 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A “No” answer does not necessarily mean a license will not be granted. However, the State Licensing Board for Residential and General Contractors may request additional documentation if the information submitted is insufficient. If you answered “Yes” to question 4, submit written explanation and all pertinent court documents and schedules filed with the bankruptcy court.

5. Please check one of the following indicating what you are submitting to prove financial responsibility (must be in your individual name if applying as an individual/must be in business organization’s name if applying as qualifying agent).
☐ Bank Credit Reference Form reflecting 24 months history (Form A)
☐ \$25,000 Surety Bond
☐ \$25,000 Line of Credit or \$25,000 Letter of Credit
☐ I hereby affirm:
 ☐ I (as an individual) have a minimum net worth of \$25,000.
 ☐ The business organization for which I am applying as qualifying agent has a minimum net worth of \$25,000.
6. Do you currently carry workers compensation insurance as required by state law?
☐ Yes (Attach certificate from insurer) No ☐ N/A (Less than 3 employees)
7. Do you currently carry general liability insurance in the amount of \$300,000 per occurrence?
☐ Yes (Attach certificate from insurer) ☐ No

Part 3-General Information:

1. Since the date of last renewal of this license, have you been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations) ☐ Yes* ☐ No

***If you answered "Yes", you must submit to the Board the following: a) a certified copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.**

2. Since the date of last renewal of this license, have you had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state? ☐ Yes* ☐ No

***If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office.**

3. Since the date of last renewal of this license, have you been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State? ☐ Yes* ☐ No

***If you answered "Yes" to this question, please attach an explanation.**

I, the undersigned, do hereby affirm and swear, under oath, that all statements made in this application and on accompanying documents are true and correct to the best of my knowledge and belief.

Applicant's Signature _____

Print Name _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary Public My commission expires _____

(Seal)

IMPORTANT NOTICE: Please submit this unstapled and unfolded application in a 9 X 12 envelope.



STATE LICENSING BOARD FOR RESIDENTIAL
AND GENERAL CONTRACTORS
State of Georgia
Professional Licensing Boards
237 Coliseum Drive
Macon, GA 31217-3858
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Web Site: www.sos.state.ga.us/plb/contractors

BANK CREDIT REFERENCE

TO BE COMPLETED BY APPLICANT:

To: _____
Name of Bank _____ Contact Person _____
Street Address _____ Phone _____
City, State, Zip Code _____ Fax _____

Re: _____
Customer Name (if this is an individual application, the customer and account information below must be in the individual's name. If this is a qualifying agent application, the customer and account must be in the name of the business organization)

Address of Customer _____
Account No(s) _____

I hereby authorize the above referenced bank to furnish the State of Georgia, State Licensing Board for Residential and General Contractors, any information relative to my account(s) with your bank, and/or credit experience with me or my business organization.

Date

Signature

TO BE COMPLETED BY BANK AND RETURNED DIRECTLY TO APPLICANT

Has the above referenced customer handled their checking account in a satisfactory manner?
☐ Yes ☐ No, Explain _____

Date Account Opened: _____

Number of overdrafts in last 12 months:: _____

Does this customer have any loans? ☐ Yes * ☐ No
If "Yes", how many payments over 30 days _____, 60 days _____, 90 days _____.
Date of last delinquent payment: _____

Date: _____

Signature and Title



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the State Licensing Board for Residential and General Contractors ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled
____ Working with elder care
____ Working with children

**Consent Form
3/11/11**

Form B



State Licensing Board for Residential and General Contractors

State of Georgia

Professional Licensing Boards

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Macon, Georgia 31217-3858

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Web-Site: www.sos.state.ga.us/plb/contractors

LINE OF CREDIT FOR CONTRACTOR

TO BE WRITTEN ON BANK LETTERHEAD AND PROVIDED TO THE APPLICANT

Date

To: CONTRACTOR LICENSEE (Individual, Corporation, Partnership or LLC)

Address

City, State, Zip

Dear Contractor:

You have requested that (*Name of Lending Institution*) establish a Line of Credit which will be available to (*Contractor's name as to be on license*) for use in conducting the contracting business for which a license is being sought from the State Licensing Board for Residential and General Contractors, Residential Contractor Division.

We hereby establish a Line of Credit for these purposes in the amount of \$25,000.00, which will be maintained for a period of one year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board of any significant change(s) in your financial condition during the term of this commitment.

We, the undersigned, will endeavor to notify the State Licensing Board for Residential and General Contractors, Residential Contractor Division, should we become aware of any significant change(s) in financial conditions of the above named applicant.

Yours truly,

(Signature)

(Name/Title)

SAMPLE LETTER – FOR BANK USE ONLY

Instructions

- The Line of Credit (LOC) does not increase the net worth.
- The LOC is for the contractor's use and may be utilized at any time by the contractor.
- Name on LOC must be in the **EXACT NAME** as to be licensed and as on financial statement.

LOC
05/15/09

Form C